

Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination
	10/647,144	LEE ET AL.
	Examiner	Art Unit
	Callie E. Shosho	1714

1 of 2

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
525	61	528	29	38				
INTERNATIONAL CLASSIFICATION 8			523	122	160			
C 0 8 F	8/00	524	557					
C 0 8 G	63/91							
C 0 8 G	77/14							
C 0 8 G	77/26							
C 0 8 G	77/42							
(Assistant Examiner) (Date)			Callie Shosho Primary Examiner TC 1700, AU 1714 Callie Shosho 9/9/06 (Primary Examiner) (Date)			Total Claims Allowed: 21		
J. W. M. S./Sle (Legal Instruments Examiner) (Date)						O.G. Print Claim(s) 1	O.G. Print Fig. None	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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3	3	33	63	93	123	153	183
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5	5	35	65	95	125	155	185
6	6	36	66	96	126	156	186
7	7	37	67	97	127	157	187
8	8	38	68	98	128	158	188
9	9	39	69	99	129	159	189
17	10	40	70	100	130	160	190
18	11	41	71	101	131	161	191
19	12	42	72	102	132	162	192
20	13	43	73	103	133	163	193
21	14	44	74	104	134	164	194
10	15	45	75	105	135	165	195
11	16	46	76	106	136	166	196
12	17	47	77	107	137	167	197
13	18	48	78	108	138	168	198
14	19	49	79	109	139	169	199
15	20	50	80	110	140	170	200
16	21	51	81	111	141	171	201
22		52	82	112	142	172	202
23		53	83	113	143	173	203
24		54	84	114	144	174	204
25		55	85	115	145	175	205
26		56	86	116	146	176	206
27		57	87	117	147	177	207
28		58	88	118	148	178	208
29		59	89	119	149	179	209
30		60	90	120	150	180	210

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2 of 2

ORIGINAL				CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)								
525	61										
INTERNATIONAL CLASSIFICATION											
C	0	9	D	11/10							
C	0	8	L	29/04							
				/							
				/							
				/							
(Assistant Examiner) (Date)				Callie Shosho Primary Examiner TC 1700, AU 1714 <i>Callie Shosho 5/9/06</i> (Primary Examiner) (Date)				Total Claims Allowed: 21			
(Legal Instruments Examiner) (Date)								O.G. Print Claim(s)	O.G. Print Fig.		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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219		249		279		339	
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234		264		294		354	
235		265		295		355	
236		266		296		356	
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238		268		298		358	
239		269		299		359	
240		270		300		360	